| Fill in this information to identify your case: | |
|--|--|
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (# known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Identify Yourself | | |
|-----------------------------|--|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| ur full name | | |
| te the name that is on your | Robert | Catherine |
| | First name | First name |
| r driver's license or | P. | M. |
| sport). | Middle name | Middle name |
| or your picture | O'Brien | O'Brien |
| ntification to your meeting | Last name | Last name |
| | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| other names you | Rob | Catherine |
| ve used in the last 8 | | First name |
| | Tub(name | M. |
| | Middle nome | Middle name |
| | | Lobocki |
| ioen names. | | Last name |
| | Last name | Lost Horno |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| | | |
| ly the last 4 digits of | xxx - xx - 6 1 4 5 | xxx - xx - 3 4 8 4 |
| | | OR |
| | • | - |
| entification number | 9 xx - xx | 9 xx - xx |
| | te the name that is on your emment-issued picture offication (for example, or driver's license or sport). If your picture offication to your meeting of the trustee. Other names you see used in the last 8 are ude your married or den names. If the last 4 digits of ar Social Security of the respective of the trustee of the trustee of the trustee of the trustee of the last 4 digits of ar Social Security of the | the the name that is on your termment-issued picture wilfication (for example, or driver's license or sport). Signour picture wilfication to your meeting it the trustee. Suffix (Sr., Jr., II, III) Other names you we used in the last 8 with the last 8 with the last 8 with the last 8 with last 4 digits of ur Social Security middle name Last name In the last 4 digits of ur Social Security middle name or federal lividual Taxpayer intification number Robert First name P. Middle name O'Brien Last name Middle name Last name Axx - xx - 6 1 4 5 or xx - xx - 6 0 or xx - xx - 6 0 or xx - xx - 6 0 or xx - x |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 2 of 56

| Debtor 1 Robert P. First Name Addots I | O'Brien Name Last Name | | C | Case number (#known) | |
|---|---|--|--------------------|--|----------------|
| | About Debtor 1! | | | About Debtor 2 (Spouse Only in a Joint C | ase): |
| Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any bu | usiness names or EINs | | I have not used any business names or E | EINs. |
| the last 8 years | Business name | | | Business name | |
| Include trade names and doing business as names | | | | | |
| | Business name | | | Business name | |
| | EIN | | | EIN | |
| | EIN | | | * EIN — - — — — — — — — — — — — — — — — — — | |
| s. Where you live | | ···· | 1 | If Debtor 2 lives at a different address: | |
| | 528 Lincoln St | | | | |
| | Number Street | | | Number Street | |
| | Roselle | | 172 | | |
| | City | | Code | City State 2 | ZIP Code |
| | Cook | | | County | |
| | County | | | County | |
| | If your mailing address i above, fill it in here. Note any notices to you at this | e that the court will ser | | If Debtor 2's mailing address is different f yours, fill it in here. Note that the court will any notices to this mailing address. | |
| | Number Street | | | Number Street | |
| | P.O. Box | | | P.O. Box | |
| | City | State ZIP | Code | City State 2 | ZIP Code |
| s. Why you are choosing | Check one: | | | Check one: | |
| this district to file for bankruptcy | Over the last 180 days I have lived in this dist other district. | before filing this petiti rict longer than in any | on, | Over the last 180 days before filing this per I have lived in this district longer than in a other district. | etition, ny |
| | ☐ I have another reason (See 28 U.S.C. § 1408 | | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | | |
| | | | | | |
| | | | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 3 of 56

| De | btor 1 Robert First Name Middle No. | | <u>)'Brien</u> | | | Case number (## | own) |
|-----|---|--|--|---|--|--|---|
| | First Name Middle Ne | ms | Last Name | | | | |
| Pi | Tell the Court Abo | ut Your B | ankruptcy Cas | • | | | |
| 7. | The chapter of the Bankruptcy Code you | | | scription of each, sec))). Also, go to the to | | | U.S.C. § 342(b) for Individuals Filing le appropriate box. |
| | are choosing to file under | ☑ Cha _l | pter 7 | | | | |
| | | ☐ Cha _l | pter 11 | | | | |
| | | ☐ Chaj | pter 12 | | | | |
| | | ☐ Cha | oter 13 | | | | |
| 8. | How you will pay the fee | local your subr with 1 nee Appi I req By le less pay | court for more of self, you may partiting your payr a pre-printed added to pay the felication for Individuest that my feaw, a judge may than 150% of the fee in installing | details about how any with cash, cash inent on your behaldress. e in installments. duals to Pay The Items to Pay The Items to pour tequire to official poverty lies. | you me's colf, you If | nay pay. Typically heck, or money ur attorney may pur choose this op Fee in Installment request this optionaive your fee, a at applies to you is option, you m | eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check tion, sign and attach the nts (Official Form 103A). It is not you are filing for Chapter 7. Ind may do so only if your income is a family size and you are unable to ust fill out the Application to Have the with your petition. |
| 9. | Have you filed for bankruptcy within the last 8 years? | ☑ No ☐ Yes. | District | | When | MM / DD / YYYY | Case number |
| | lact o your o | | District | | When | | Case number |
| | | | District | | AALIGII | MM / DD / YYYY | Case number |
| | | | District | <u></u> ' | When | MM / DD / YYYY | Case number |
| 10, | Are any bankruptcy | ☑ No | halosetas a tanton | *************************************** | | | |
| | cases pending or being filed by a spouse who is | 🔲 Yes. | Debtor | | | | Relationship to you |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | | When | MM / DD / YYYY | Case number, if known |
| | - | | Debtor | | | | Relationship to you |
| | | | District | | When | MM / DD / YYYY | Case number, if known |
| 11. | Do you rent your residence? | No. Yes. | residence? | | n Judg | ment against you | and do you want to stay in your |
| | | | No. Go to lin | | ud an | Eviction Judament | Against You (Form 101A) and file it with |
| | | | this bankrupi | | ut dil i | eviction adagment | rigariot for (Form 10 m) and me it will |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 4 of 56

| Debtor | 1 Robert | P. | O'Brien | | Case nur | mber (# Imown) | |
|----------------------------|---|----------------------------|---|--|--|---|--|
| | First Name Middle Na | erio | Last Name | | | | |
| | | | | | | | |
| | | | | | | | |
| Part | Report About Any | Business | ses You Own as a So | le Proprieto | <i>r</i> | | |
| l _ | | | | | | • | |
| | e you a sole proprietor | 🔽 No. | Go to Part 4. | | | | |
| | any fuli- or part-time usiness? | ☐ Yes | Name and location of bu | einece | | | |
| | sole proprietorship is a | | Trainic and toocach of bo | 611 C33 | | | |
| | siness you operate as an | | | | | | |
| | dividual, and is not a | | Name of business, if any | | | | • |
| | parate legal entity such as corporation, partnership, or | | | | | | |
| ĽL | | | Number Street | | | | |
| | you have more than one | | | | | | |
| | le proprietorship, use a parate sheet and attach it | | | | | | |
| | parate sneet and allact it this petition. | | | | | | |
| | • | | City | | , | State ZIP Code | 3 |
| | | | | | | | |
| | | | Check the appropriate b | ox to describe | your business: | | |
| | | | ☐ Health Care Busines | s (as defined i | ก 11 U.S.C. § 10 | 1(27A)) | |
| | | | ☐ Single Asset Real Ed | state (as define | ed in 11 U.S.C. § | 101(51B)) | |
| | | | ☐ Stockbroker (as defin | ned in 11 U.S. | C. § 101(53A)) | | |
| | | | ☐ Commodity Broker (| as defined in 1 | 1 U.S.C. § 101(6 | i)) | |
| | | | ☐ None of the above | | | | |
| | | | | | <u></u> | | |
| Cl Ba ar de Fo | re you filing under napter 11 of the ankruptcy Code and e you a small business ebtor? or a definition of small isiness debtor, see U.S.C. § 101(51D). | can set most re any of the | re filing under Chapter 11 appropriate deadlines. If cent balance sheet, state hese documents do not e I am not filing under Cha t am filing under Chapte the Bankruptcy Code. | you indicate the ment of operate xist, follow the opter 11. | at you are a sma ions, cash-flow s procedure in 11 | all business debtor, y statement, and federa U.S.C. § 1116(1)(B). | you must attach your al income tax return or if i. |
| | | Yes. | I am filing under Chapter Bankruptcy Code. | r 11 and Iam a | small business | debtor according to | the definition in the |
| | | | | | | | |
| Part - | 48 Report if You Own | or Have | Any Hazardous Prop | erty or Any | Property That | l Needs Immedia | ite Attention |
| | | | | | | | |
| 14. Do | you own or have any | ☑ No | | | | | |
| pr | operty that poses or is | | . What is the hazard? | | | | |
| | eged to pose a threat | LI Yes | , what is the nazard? | | | | |
| | imminent and entifiable hazard to | | | | | | |
| | iblic health or safety? | | | | | | |
| | do you own any | | | | | | |
| | operty that needs | | If immediate attention i | s needed, why | is it needed? | | |
| | mediate attention? | | | | | | |
| pe the | r example, do you own rishable goods, or livestock at must be fed, or a building at needs urgent repairs? | | | | - | | , |
| | | | Where is the property? | | | | |
| | | | | Number | Street | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Cibu | | Stat | te ZIP Code |
| | | | | City | | 2181 | 10 AN 0000 |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 5 of 56

Debtor 1

| Robert | P. |
|-----------|----------|
| ad Manana | Mild No. |

O'Brien____

Case number (# known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l am not | required t | to receive | a | briefing | abou |
|-----------|------------|------------|-----|----------|------|
| credit co | nunselina | because | of: | ! | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy,

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days,

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

☐ Incapacity. I have a mental liness or a mental deficiency that makes me incapable of realizing or making

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after i

reasonably tried to do so.

rational decisions about finances.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 6 of 56

| Debto | Robert Hiddle Nerr | | Brien | _ Case | e number (# known) | |
|------------|--|------------------------------|---|---|---|---|
| | , | - | | | | |
| Part | Annuar These Oue | otione for E | tanadina Burnasa | | | |
| Pala | 6: Answer These Que | | | | | |
| | /hat kind of debts do ou have? | | rour debts primarily c curred by an individual pri | | | defined in 11 U.S.C. § 101(8) d purpose." |
| | | | o, Go to line 16b. es, Go to line 17. | | | |
| ! | | | our debts primarily by for a business or investr | | | ebts that you incurred to obtain less or investment. |
| | | | e. Go to line 16c. s. Go to line 17. | | | |
| | | 16c. State t | the type of debts you owe | that are not consumer | debts or business | debts. |
| | re you filing under hapter 7? | ☐ No. Ia | m not filing under Chapte | r 7. Go to line 18. | | |
| | o you estimate that after ny exempt property is | Yes, I a | m filing under Chapter 7. ministrative expenses are | Do you estimate that af | ter any exempt pr available to distril | roperty is excluded and but to unsecured creditors? |
| e : | xcluded and | | No | | | |
| | dministrative expenses re paid that funds will be | | Yes | | | |
| | vailable for distribution ounsecured creditors? | | | | | |
| | ow many creditors do | 1-49 | | 1,000-5,000 | | 25,001-50,000 |
| _ | ou estimate that you we? | 50-99 100-199 |) | 5,001-10,000 10,001-25,000 | | ☐ 50,001-100,000 ☐ More than 100,000 |
| | | 200-999 | | | | |
| | ow much do you | \$0-\$50,6 | | 🔲 \$1,000,001-\$10 mil | | \$500,000,001-\$1 billion |
| | stimate your assets to e worth? | \$50,001 | -\$100,000 1-\$500,000 | \$10,000,001-\$50 m \$50,000,001-\$100 i | | \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion |
| | | | 11-\$1 million | \$100,000,001-\$500 | | ☐ More than \$50 billion |
| | ow much do you | \$0-\$50, | 000 | □ \$1,000,001-\$10 mil | tion | \$500,000,001-\$1 billion |
| | stimate your liabilities be? | \$50,001 | | \$10,000,001-\$50 m | | \$1,000,000,001-\$10 billion |
| | , 501 | | 01-\$500,000 01-\$1 million | \$50,000,001-\$100 | | □ \$10,000,000,001-\$50 billion □ More than \$50 billion |
| Part | 7: Sign Below | | | | | |
| For | you | I have exan | nined this petition, and I d | leclare under penalty of | perjury that the ir | nformation provided is true and |
| | | | Inited States Code, I und | | | ible, under Chapter 7, 11,12, or 13 capter, and I choose to proceed |
| | | If no attorne this docume | ey represents me and I di ent, I have obtained and r | d not pay or agree to pa ead the notice required | y someone who i by 11 U.S.C. § 34 | s not an attorney to help me fill out 42(b). |
| | | I request re | lief in accordance with the | e chapter of title 11, Uni | ited States Code, | specified in this petition. |
| İ | | with a bank | d making a false stateme ruptcy case can result in § 152, 1341, 1519, and 3 | fines up to \$250,000, or | | ey or property by fraud in connection up to 20 years, or both. |
| | | ≭ ØZ | re of Debtor 1 | 2 | Signature of D | elme M OBru- |
| | | Execute | cs /// | , - | Executed on | 8/6/16v |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 7 of 56

| Debtor 1 Robert P. Middle Name | O'brien Last Nemo | Case number (# toronen) | |
|---|---|--|--|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | to proceed under Chapter 7, 1 available upder each chapter the notice equired by 11 U.S. | named in this petition, declare that I have info 1, 12, or 13 of title 11, United States Code, and of which the person is eligible. I also certify the \$\frac{9}{5}\ 342(b)\ and, in a case in which \frac{9}{5}\ 707(b)(4) the information in the schedules filed with the | d have explained the relief at I have delivered to the debtor(s) (D) applies, certify that I have no |
| | Lorena Duenez Printed name Duenez Law, LLC Firm name 2700 Patriot Bouleva Number Street Suite 250 Glenview City | rd IL State | 60026 ZIP Code |
| | Contact phone (224) 409-6307763 Bar number | -5952 Email address | Lmduenez@gmail.com |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 8 of 56

| Fill in this i | Fill in this information to identify your case: | | | |
|--------------------|---|--------------------------|--------------|--|
| Debtor 1 | Robert | P. | O'Brien | |
| Debtor 1 | First Name | Middle Name | Lest Name | |
| Debtor 2 | Catherine | М. | O'Brien | |
| (Spouse, if filing | g) First Name | Middle Name | Lest Name | |
| | | he: Northern District of | Illinois | |
| Case numbe | (If known) | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ <u>21,264.46</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$21,264.46 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 343,483.35 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 157,039.72 |
| Your total liabilities | \$ 500,523.07 |
| art 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ 8,844.50 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | s8,934.00 |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 9 of 56

Case number (if known)_____

O'Brien

P.

Robert

Debtor 1

| Part 4: Answer These Questions for Administrative and Statistical Records | |
|--|---|
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form. Yes | orm to the court with your other schedules. |
| 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo Your debts are not primarily consumer debts. You have nothing to report on this par this form to the court with your other schedules. | ses. 28 U.S.C. § 159. |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | s 7,896.30 |
| 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim |
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| 9d. Student loans. (Copy line 6f.) | \$0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$0.00 |
| 9g. Total. Add lines 9a through 9f. | \$0.00 |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 10 of 56

| Debtor 1 | Robert | Þ. | O'Brien | |
|--------------------|-------------------------|-------------------------|-----------|---|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | М. | O'Brien | |
| Spouse, If filing) | First Name | Middle Name | Last Name | |
| Inited States I | Bankruptcy Court for th | e: Northern District of | Illinois | F |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

in each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Describe Each Residence, Building, | Land, or Other Real Estate You Own or Hav | o an interest in | |
|------------------|---|--|---|---------------------------------------|
| 1. D o yo | u own or have any legal or equitable interes | st in any residence, building, land, or similar prope | erty? | |
| | o. Go to Part 2. es. Where is the property? | | | |
| 1.1. | 528 Lincoln Street Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured da the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | Land | \$ 300,000.00 | \$0.00 |
| | Roselle IL 60172 City State ZIP Code | Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | | Who has an interest in the property? Check one. | Fee simple | |
| | County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| lf you | own or have more than one, list here: | Other information you wish to add about this its property identification number: | | |
| 1.2. | Street address, if available, or other description | Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: |
| | 7 | ☐ Condominium or cooperative ☐ Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | | Land | \$ | \$ |
| | City State ZIP Code | ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | | |
| | County | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | | Other information you wish to add about this item property identification number: | m, such as local | |

Document Page 11 of 56 O'Brien Debtor 1 Case number ut know What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Investment property Describe the nature of your ownership ZIP Code ☐ Timeshare Interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see Instructions) At least one of the debtors and another Other information you wish to add about this Item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No **☑** Yes Chrysler Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Town&Cour Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2013 Year Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? 55,000 Approximate mileage: At least one of the debtors and another Other information: 15,000,00 0.00 Check if this is community property (see Instructions) If you own or have more than one, describe here: Dodge Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Journey Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2013 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only 40000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 12.000.00 ☐ Check if this is community property (see instructions)

Entered 09/30/16 14:57:56 Desc Main

Case 16-31275

Doc 1

Filed 09/30/16

Document Page 12 of 56 O'Brien Robert Case number (if known) Debtor 1 First Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check If this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories Zi No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other Information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another ☐ Check If this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

0.00

Case 16-31275

Robert Debtor 1

| Pā | nt 6: Describe You | r Personal and Household Items | | |
|--------|---|--|--|-------------|
| Do | you own or have any k | egal or equitable interest in any of the following items? | Current value portion you ov Do not deduct se or exemptions. | vn? |
| ı A | Household goods and | fumichinge | · | : |
| | | nces, furniture, linens, china, kitchenware | | |
| | □ No | | | |
| | Yes, Describe | Household goods and furnishings, major appliances, kitchenware | \$ | 350.00 |
| 7. | Electronics | | | |
| | collections; e | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | | |
| | No Yes, Describe | Television, cd player, computer, printer, scanner, cell phones, video game player |] \$ | 250.00 |
| 8. | Collectibles of value | | | |
| | | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| | Yes, Describe | | \$ | |
| | | and hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | Yes, Describe | | \$ | |
| 10. | Firearms | | | |
| | Examples: Pistols, rifles, | , shotguns, ammunition, and related equipment | | |
| | ☑ No | | ד | |
| | Yes. Describe | | \$ | |
| 11 | Clothes | Louise and the second s | J | |
| | Examples: Everyday clo | thes, furs, leather coats, designer wear, shoes, accessories | - | |
| | Yes. Describe | Everyday clothing, shoes, accessories | \$ | 100.00 |
| | Jeweiry Examples: Everyday iew | velry, costume Jewelry, engagement rings, wedding rings, heirloom Jewelry, watches, gems, | | |
| | gold, silver | | 7 | : |
| | Yes, Describe | Wedding rings | \$ | 500,00 |
| | Non-farm animals <i>Exemples:</i> Dogs, cats, b — | pirds, horses | | |
| | No Yes, Describe | | \$ | |
| 14. | Any other personal and | i household items you did not already list, including any health alds you did not list | | |
| | No No | | - | |
| | Yes, Give specific information | | \$ | |
| | | all of your entries from Part 3, including any entries for pages you have attached | \$ | 1,200.00 |

Document

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Page 14 of 56

Debtor 1

Robert

O'Brien

Case number (if known)_

| portion | t value of the |
|--|----------------------------------|
| | ieduct secured claims ptions. |
| 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| □ No | |
| ☑ Yes | 100.00 |
| | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. | |
| □ No | |
| ☑ Yes Institution name: | |
| 17.1. Checking account: BMO Harris Bank \$ | 50.00 |
| 17.2. Checking account: BMO Harris Bank \$ | 200.00 |
| 17.3. Savings account: BMO Harris Bank \$ | 5.00 |
| 17.4. Savings account: | |
| 17.5. Certificates of deposit: | |
| 17.6. Other financial account: \$ | |
| 17.7. Other financial account: \$ | |
| 17.8. Other financial account: \$ | |
| 17.9. Other financial account:\$ | |
| | |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No | |
| Yes Institution or issuer name: | |
| <u></u> | |
| <u></u> \$ | |
| <u> </u> | |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture | |
| ☑ No Name of entity: % of ownership: | |
| Yes. Give specific 0% % % \$ | ··· |
| Λ0/ | |
| % \$% | |
| | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 15 of 56

Page 15 of 56 O'Brien Robert Case number (# known) Debtor 1 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☑ No ☐ Yes. Give specific Issuer name: information about 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each Institution name: account separately. Type of account: Schwabb 15,000.00 401(k) or similar plan: Pension plan: Primerica 1,207.06 IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ☑ No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ____ Prepaid rent: Telephone: Water: Rented furniture: Other: 1 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ☑ No Yes..... Issuer name and description:

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main

Robert P. Doc William Page 16 of 56e number (# known).

First Name Middle Name Lest Name

| 24. Interests in an education IR 26 U.S.C. §§ 530(b)(1), 529A | A, in an account in a qualified ABLE program, or under a qualified state | tultion program. |
|--|--|--|
| 28 0.3.C. 99 930(0)(1), 929A | (υ), αιά 529(υ)(t). | |
| ☑ Yes | | |
| 100 | Institution name and description. Separately file the records of any interest | s.11 U.S.C. § 521(c): |
| | American Funds | \$3,502.40 |
| | | \$ |
| | American Funds | |
| | | <u> </u> |
| 26 Truete equitable or future i | nterests in property (other than anything listed in line 1), and rights or p | OWARE |
| exercisable for your benefit | | · · |
| ☑ No | | |
| Yes, Give specific | | |
| information about them | | \$ |
| | | |
| | narks, trade secrets, and other intellectual property ames, websites, proceeds from royalties and licensing agreements | |
| ☑ No | and, resides, proceed names and noticing agreement | |
| Yes. Give specific | | |
| information about them | | \$ |
| | | |
| 27. Licenses, franchises, and o | other general intangibles | |
| Examples: Building permits, e | exclusive licenses, cooperative association holdings, liquor licenses, profession | onal licenses |
| □ No | | |
| Yes. Give specific | Teaching license | \$ 0.00 |
| information about them | | \$\$. |
| | | |
| Manager and a second to see | | |
| Money-or property owed to yo | u? | Current value of the portion you own? |
| Money⊮or property owed to yo | u? * | portion you own? Do not deduct secured |
| * | u? * | portion you own? |
| 28. Tax refunds owed to you | u? * | portion you own? Do not deduct secured |
| 28. Tax refunds owed to you ☑ No | ************************************** | portion you own? Do not deduct secured |
| 28. Tax refunds owed to you ☑ No ☑ Yes. Give specific informa | ation | portion you own? Do not deduct secured |
| 28. Tax refunds owed to you ☑ No ☑ Yes. Give specific informa about them, includin you already filed the | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you No Yes. Give specific informational about them, including | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you ☑ No ☑ Yes. Give specific informa about them, includin you already filed the | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. Federal: State: \$ |
| 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including you already filed the and the tax years | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. Federal: State: \$ |
| 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including you already filed the and the tax years | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. Federal: State: S |
| 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including you already filed the and the tax years | ation g whether returns | portion you own? Do not deduct secured claims or exemptions. Federal: State: S |
| 28. Tax refunds owed to you No Yes. Give specific informa about them, includin you already filed the and the tax years 29. Family support Examples: Past due or lumps | ation g whether returns t sum atimony, spousal support, child support, maintenance, divorce settlemen | portion you own? Do not deduct secured claims or exemptions. Federal: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump support | ation g whether returns sum alimony, spousal support, child support, maintenance, divorce settlement | portion you own? Do not deduct secured claims or exemptions. Federal: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump support | sum alimony, spousal support, child support, maintenance, divorce settlement | portion you own? Do not deduct secured claims or exemptions. Federal: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump support | ation g whether returns sum atimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Secured claims or exemptions. State: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump support | ation g whether returns sum alimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Federal: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump support | ation g whether returns sum alimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Secured claims or exemptions. State: \$ |
| 28. Tax refunds owed to you No Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lumps No Yes. Give specific informations. | ation g whether returns sum alimony, spousal support, child support, maintenance, divorce settlemen ation | portion you own? Do not deduct secured claims or exemptions. Secured: State: S |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific informa about them, includin you already filed the and the tax years 29. Family support Examples: Past due or lump : ☑ No ☐ Yes. Give specific informa 30. Other amounts someone or Examples: Unpaid wages, dis | ation g whether returns sum atimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Secured: State: S |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump someone of Yes. Give specific informations. 30. Other amounts someone of Examples: Unpaid wages, dis Social Security be | ation g whether returns sum alimony, spousal support, child support, maintenance, divorce settlemen ation | portion you own? Do not deduct secured claims or exemptions. Secured: State: S |
| 28. Tax refunds owed to you ✓ No ✓ Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump to No ✓ Yes. Give specific informations. 30. Other amounts someone on Examples: Unpaid wages, dis Social Security be | ation g whether returns sum atimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Secured: State: S |
| 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information about them, including your already filed the and the tax years 29. Family support Examples: Past due or lump someone of Yes. Give specific informations. 30. Other amounts someone of Examples: Unpaid wages, dis Social Security be | ation g whether returns sum atimony, spousal support, child support, maintenance, divorce settlement ation | portion you own? Do not deduct secured claims or exemptions. Secured: State: S |

Page 17 of 56 Document Robert First Name O'Brien

Case number (if known)_

| 31. Interests in insurance policies Examples: Health, disability, or life insura | ince; health savings account (HS | GA); credit, homeowner's, or renter's insurance | l |
|--|---------------------------------------|--|--|
| 2 No | | | |
| Yes. Name the insurance company of each policy and list its value. | Company name: | Beneficlary: | Surrender or refund value: |
| | | | \$ |
| | | | \$ |
| | · | | \$ |
| 32. Any interest in property that is due you fi you are the beneficiary of a living trust, property because someone has died. ✓ No | | rance policy, or are currently entitled to receive | |
| Yes. Give specific information | | | \neg |
| 1 100. 01.0 sposiio iiioiiiio | | | \$ |
| 33. Claims against third parties, whether of Examples: Accidents, employment disputed No No Yes. Describe each claim | tes, insurance claims, or rights to | | ٦. |
| | | | \$ |
| 34. Other contingent and unliquidated clai to set off claims | ms of every nature, including | counterclaims of the debtor and rights | |
| No Sescribe each claim | • | | |
| Tes. Describe each daim. | | | \$ |
| | | | |
| 35. Any financial assets you did not alread | iv list | | |
| ☑ No | | | _ |
| Yes. Give specific information | | | |
| | | | |
| 36. Add the dollar value of all of your entri | ies from Part 4. including any | entries for pages you have attached | <u> </u> |
| | | ····· | \$ |
| | | | |
| Part 5: Describe Any Business | -Related Property You (| Dwn or Have an Interest in. List any : | real estate in Part 1. |
| 37. Do you own or have any legal or equita | | elated was safe? | |
| No. Go to Part 6. | ions interest in any Dusiness-In | elated property r | |
| Yes. Go to line 38. | | | |
| | | | Current value of the |
| | | | portion you own? |
| | | | Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions y | tou already earned | | |
| No | os ancouj earlieu | | |
| ☐ Yes. Describe | | | 7 |
| | | | |
| 39. Office equipment, furnishings, and sur | | | |
| | re, modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, electronic devices | ì |
| No Yes. Describe | | | ٦ |
| Tes, Describe | | | \$ |
| | | ···· | → |

Debtor 1

| Debtor 1 | Case 16- Robert First Name | 31275 | Р. | | Entered 09/30/16 14:5 Page 18 of 566e number (1/1/10) | | |
|--------------------------------|--|--------------|--------------|---|--|---------------------------|--|
| 0. Machine | ry, fixtures, e | quipment, | supplies you | ı use in business, and | tools of your trade | | |
| Ø No □ Yes. | Describe | | | | | | \$ |
| 1. Inventor Mar No Mar Yes. | y Describe | | | | | | \$ |
| ☑ No | s in partnersh | | | | | | uan d |
| Ŭ Yes. | Describe | | | | | % of ownership: % % | \$ \$ |
| Maria Mo □ Yes. | er lists, mailin Do your lists D No D Yes. Desc | include pe | | | as defined in 11 U.S.C. § 101(41A))7 | , | \$ |
| M No ☐ Yes. | iness-related Give specific mation | property y | | | | _ | \$\$ \$\$ \$\$ |
| | | | | | y entries for pages you have attac | | \$\$ \$0.00 |
| | | | | ercial Fishing-Relat mland, list it in Part 1. | ed Property You Own or Have | | 1. |
| ☑ No. (| own or have a Go to Part 7. Go to line 47. | ny legal or | equitable in | terest in any farm- or o | commercial fishing-related proper | ty? | Command white of the |
| 7. Farm an <i>Example</i> ☑ No | im als s: Livestock, p | oultry, farm | -raised fish | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | | | | | \$ |

Robert O'Brien Debtor 1 Case number (# known) 48. Crops—either growing or harvested ☑ No Yes, Give specific information.... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade **☑** No Yes.... 50. Farm and fishing supplies, chemicals, and feed ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ Yes. Give specific Information..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **2** No ☐ Yes. Give specific information...... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,200.00 57. Part 3: Total personal and household items, line 15 20,064.46 58 Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61, Part 7: Total other property not listed, line 54 21,264.46 21,264.46 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 21,264,46 63, Total of all property on Schedule A/B. Add line 55 + line 62.....

Entered 09/30/16 14:57:56 Desc Main

Page 19 of 56

Case 16-31275

Doc 1

Filed 09/30/16 Document

| | | | | Docu | ıment | Page 20 | of 56 | | | |
|---|---|---|---|--|--|---|---|---|--|--------------------------------------|
| Fill in this | mformati | on to identify yo | ur case: | | | | Ī | | | |
| | Rober | | | 'Brien | | _ | 1 | | | |
| Debtor 1 | First Name | | Middle Name | DHEH | Last Name | | 1 | | | |
| Debtor 2 (Spouse, if fill | ing) First Name | - | Middle Name | | Last Name | | | | | |
| United State | es Bankrupte | y Court for the: | DI. | strict of | | |) | | | |
| Case numb | | | | | | | ļ | | П. | |
| (If known) | | | | | • | |] | | | theck if this is an mended filing |
| Official Sche | | | Pron | ertv | You | Claim | as Exe | mnt | | 04/16 |
| specific dol of any appli retirement f limits the ex would be lin | lar amoun cable stat unds—ma cemption t nited to th | t as exempt. Att utory limit. Som y be untimited in | ernatively, y e exemptior n dollar amo ollar amount tutory amou | rou may cl ns—such a punt. Howe t and the v int. | aim the full as those for ever, if you ralue of the | fair market v: health alds, i claim an exem | exemption you cl alue of the proper rights to receive c nption of 100% of etermined to exce | ty being e: ertain ben fair marke | cempted up to ti efits, and tax-ex t value under a | he amount cempt faw that |
| You | ı are claimi ı are claimi | nptions are you ng state and fede ng federal exemp | eral nonbank otions, 11 U. | ruptcy exe S.C. § 522 | mptions. 11 (b)(2) | U.S.C. § 522(1 | | | | |
| | | of the property a it lists this prope | | Current va | sius of the ou own | Amount of t | he exemption you | cialm S | pecific laws that | allow exemption |
| | | | | Copy the v | | Check only o | oñe box for each exe | mption. | | |
| Brief descrip | лиоп. | Household Go | ods | \$ <u>350.00</u> | 0 | □ \$ | fair market value, | | 35 ILCS 5/12- | -1001(b) |
| Line fro Schedi | om ule A/B: _ | <u> </u> | | | | | licable statutory lim | • | | |
| Brief descrip | mon: - | Electronics | | \$ <u>250.00</u> | 0 | □ \$ | f fair market value, | | 35 ILCS 5/12 | -1001(b) |
| Line fro Sched | om : ule A/B: | Z | | | | | licable statutory lim | | | |
| Brief | stan: 1 | Everyday Clot | hing | \$100.00 | 0 | □ \$ | | 7 | 35 ILCS 5/12 | -1001(a) |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

description:

Schedule A/B: .11___

Line from

☐ Yes

🖬 100% of fair market value, up to

any applicable statutory limit

Debtor 1

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main

O'Brie Pocument Robert

Page 21 of 56
Case number (# known)

Part 2:

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief Jewelry description: | \$500.00 | □ s | 735 ILCS 5/12-1001(b) |
| Line from 12 Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Cash | \$100.00 | □ s | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief Deposits of money | s 255.00 | □ \$ | 735 ILCS 5/12-1001(b) |
| description: Line from 17 Schedule A/B: | * | 100% of fair market value, up to any applicable statutory limit | |
| Brief Retirement | s 16,207.06 | □s | 11 USC Sec 522(b)(3)(C) |
| description: Line from 21 Schedule A/B: | * | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Education IRA | \$3,502.40 | \(\) \$ | 11 USC Sec 522(b)(3)(C) |
| Line from 24 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | □ \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | - \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | any applicable statutory limit | |
| Brief description: | \$ | □ \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | □s | |
| Line from Schedule_A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | \$ | |
| Line from Schedule A/B: ——— | | any applicable statutory limit | |
| Brief description: | . \$ | Qs | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 22 of 56

| Fill in this i | nformation to iden | tify your case: | | |
|------------------------|---------------------------------------|-----------------------------------|-----------|--------|
| Debtor 1 | Robert | P. | O'Brien | · |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | M. | O'Brien | |
| (Spouse, if filling | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for t | the: Northern District of Illinoi | s | \Box |
| Case number (if known) | · · · · · · · · · · · · · · · · · · · | | _ | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below,

| for each claim. If more than one creditor I | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of colleteral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|---|---|---|-----------------------------------|
| Citizens One | Describe the property that secures the claim: | \$ 10,203.28 | s10,000.00 | s0.00 |
| Creditor's Name PO Box 7000 Number Street | 2013 Dodge Journey | | | |
| Providence RI 02940 City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed | | | |
| Mho owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 06/01/2016 | Nature of Ilen. Check ell that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax ilen, mechanic's ilen) Judgment ilen from a lawsuit Other (including a right to offset) Lest 4 digits of account number 5 3 6 1 | - | | |
| PNC Bank | Describe the property that secures the claim: | \$_ 17,085.00 | \$ 16,000.00 | \$_1,085.00 |
| Creditor's Name 2730 Liberty Ave Number Street | 2013 Chrysler Town & Country | | | |
| Pittsburgh PA 15222 City State ZIP Gode | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien, Check all that apply. | | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | An agreement you made (such as mortgage or secured car foan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| At least one of the debtors and another Check if this claim relates to a community debt | Other (including a right to offset) | - | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 23 of 56

O'Brien

Robert

| Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and as forth: by 2.4, and a | Deb | tor 1 | Robert First Name | P. Middle Name | O'Brien Last Name | Case num | nber (# | tnown) 2 | | | |
|---|----------|--------------|---|---------------------|---|---------------------|-------------|-------------------------------|------------|------------------------------------|-------------------|
| Main residence at 528 Lincoln St, Roselle, As of the date your file, the claim is: Check at that apply. As of the date your file, the claim is: Check | | | After listing a by 2.4, and se | any entries on this | page, number them beginning with 2.3, | followed | Ama De m | unt of claim of deduct the | Val tha | to of colleteral reupports this | Unsecured portion |
| Main residence at 528 Lincoln St, Roselle, Li 60172 | 2.3 | Sele | rus | | Describe the property that secures the | cialm: | - \$ | 225,705.00 | \$_ | 300,000.00 | 0.00 |
| Beaverlon OR 97005 Or See 78P Finish Who overs the debt7 Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only Debto | | 1452 | 23 SW Millika | an Way St | | it, Roselle, | | | | | |
| Debtor 1 only Substraint you made (such as mortgage or secured Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 3 only Debtor 4 only debtor 3 only Debtor 4 only debtor 3 only Debtor 4 only debtor 3 only Debtor 4 only debtor 3 only Debtor 4 only debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only | | | verton | | Contingent Unliquidated | eck all that apply. | | | | | |
| Check if this claim relates to a community debt | 0 | Debt Debt | or 1 only or 2 only or 1 and Debtor 2 | only | An agreement you made (such as mortg car loan) Statutory lien (such as tax lien, mechanic Judgment lien from a lawsuit | - | | | | | |
| Silver Mortgage / Dyck O'Neal Describe the property that secures the claim: \$ 90,490.07 \$ 300,000.00 \$ 0.00 | | | | | | | - | | | | |
| Describe Name PO Box 601549 Sirver Equity LOC on main residence at 528 Lincol Number Sirver Sirve | Da | te del | bt was incurred | 06/01/2016 | Lest 4 digits of account number 3 4 | 4 3 0 | | | | | |
| PO Box 601549 Number Street Disilas TX 75360 Or State ZilP Code Who owes the debt? Check one. Debtor 2 only A a of the date you file, the claim is: Check all that apply. Debtor 3 and Debtor 2 only A speciment you made (such as mortgage or secured cer lean) Debtor 4 and Debtor 2 only A speciment you made (such as mortgage or secured cer lean) Debtor 3 and Debtor 2 only A speciment you made (such as mortgage or secured cer lean) Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Poblar 2 only Debtor 8 Street As of the date you file, the claim is: Check all that apply. Codingent Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Confingent Uniquidated Disputed As of the date you file, the claim is: Check all that apply. Confingent As of the date you file, the claim is: Check all that apply. Confingent Uniquidated Disputed Nature of Ilen. Check all that apply. An agreement you made (such as mortgage or secured car lean) Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Add the dollar value of your entries in Column A on this page. Write that number here: [s 316,195.07] If this is the last page of your form, add the dollar value totals from all pages. 343,483,35 | | | | Dyck O'Neal | Describe the property that secures the | claim: | \$ | 90,490.07 | \$ | 300,000.00 | 0.00 |
| Contingent Contingent Contingent Contingent | | PO E | 3ox 601549 | | Equity LOC on main residence a | at 528 Lincol |] | | | | |
| Delias TX 75360 Gity State ZIP Code Who owes the debt? Check one. Gity Debtor 1 only Gity Debtor 2 only Gity Debtor 2 only Gity At least one of the debtors and another Check if this claim relates to a community debt Detect debt was incurred 09/19/2016 Describe the property that secures the claim: Check all that apply. As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community debt Debtor 2 only Check if this claim relates to a community debt Describe the property that secures the claim: Check if this claim relates to a community debt Debtor 2 only Check if this claim relates to a community debt Debtor 2 only Check if this claim relates to a community debt Debtor 2 only Check if this claim relates to a community debt Last 4 digits of account number As of the date you file, the claim is: Check all that apply. Contingent Unitquidated Disputed Who owes the debt? Check one. Check if this claim relates to a community debt Debtor 1 and Debtor 2 only Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: 3 18,195.07 If this is the last page of your form, add the dollar value totals from all pages. 343,483.35 | | | | | | ck all that apply. | J | | | | |
| Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Check if this claim relates to a community debt Creditor's Name | | | 15 | | _ Unfiquidated | | | | | | |
| As of the date you file, the cialm is: Check all that apply. City State ZiP Code | W | ho ow | es the debt? Ch | eck one, | Nature of lien, Check all that apply. | | | | | | |
| Debtor 1 and Debtor 2 only | | | • | | | age or secured | | | | | |
| As of the date you file, the claim is: Check all that apply. Check if this claim relates to a community date | _ | - | - | only | · | c's lien) | | | | | |
| Date debt was incurred 09/19/2016 Last 4 digits of account number 7 4 9 8 Describe the property that secures the claim: \$ \$ \$ Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$ 316,195.07 If this is the last page of your form, add the dollar value totals from all pages. 343,483,35 | <u>.</u> | At lea | ast one of the deb | otors and another | Judgment lien from a lawsuit | • | | | | | |
| Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Disputed Who owes the debt? Check one. Nature of lien, Check all that apply. Debtor 1 only Debtor 2 only Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and enother Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$ \$ \$ \$ \$ \$ \$ \$ \$ As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Dispu | | com | munity debt | | Other (Including a right to offset) | | • | | | | |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | Da | ite del | bt was incurred | 09/19/2016 | Last 4 digits of account number 7 | 9 8 | | | | | |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | _ | Creditor | 's Name | | Describe the property that secures the | cjalm: | \$ | | \$ | \$ | i |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$ 316,195.07 If this is the last page of your form, add the dollar value totals from all pages. 343,483,35 | | | | | _ | | | | | | |
| City State ZIP Code Unliquidated Disputed Who owes the debt? Check one. Nature of Ilen, Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Statistory lien (such as tax lien, mechanic's ilen) At least one of the debtors and another Unliquidated Disputed Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. 343,483,35 | | Number | Street | | A - fall - Jahan - 5th the atoler la Ob | | j | | | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$\frac{316,195.07}{343.483.35}\$ | • | City | | State ZIP Code | Contingent Unliquidated | скаш глатарріу. | | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: [316,195.07 343.483.35 343.483.35 | - | Debt | tor 1 only | eck one, | An agreement you made (such as mortg | age or secured | | | | | |
| At least one of the debtors and another Other (including a right to offset) Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$\frac{316,195.07}{343.483.35}\$ | | | | · ambr | <u> </u> | c's lien) | | | | | |
| Check if this claim relates to a community debt Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$\frac{316,195.07}{343.483.35}\$\$ | | | | | · | | | | | | |
| Date debt was incurred Last 4 digits of account number Add the dollar value of your entries in Column A on this page. Write that number here: \$\ 316,195.07\$ If this is the last page of your form, add the dollar value totals from all pages. \$\ 343.483.35\$ | | Che | ck if this claim | | Other (including a right to offset) | | - | | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: \$\\ 316,195.07\$ If this is the last page of your form, add the dollar value totals from all pages. \\ 343.483.35 | Da | | - | l <u></u> . | Last 4 digits of account number | | | | | | |
| If this is the last page of your form, add the dollar value totals from all pages. 343.483.35 | | | | | | number here: | s | 316,195.07 | | | |
| | | lf | this is the last | page of your form | | | \$ | | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 24 of 56

| | | | 20041110111 | . age = |
|---------------------------|------------------------|-----------------------|-------------|-------------------------|
| Fill in this ii | nformation to iden | tify your case: | | |
| Debtor 1 | Robert | P | O'Brien | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | М. | O'Brien | |
| (Spause, if filing | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for t | he: Northern District | of Illinois | $\overline{\mathbf{I}}$ |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also fist executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Pa | 1-1: List All of Your PRIORITY Unsecure | ed Claims | | 4 - 4 | |
|-----|--|--|------------------------------------|-------------------------------|-----------------------------|
| 2. | each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c | editor has more than one priority unsecured claim, list that claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's national forms than one creditor holds a particular claim. | at claim here a ame. If you hav | nd show both e more than t | priority and wo priority |
| | (cur an explanation of each type of dailif, and the i | instructions for any term of the moderation becomes, | Total claim | Priority | Nonpriority amount |
| 2,1 | Priority Creditor's Name | Last 4 digits of account number | \$ | _ \$ | \$ |
| | City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intodicated Other. Specify | | | |
| 2.2 | Priority Creditor's Name Number Street | Last 4 digits of account number | \$ | _ \$ | \$ |
| | City State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this claim is for a community debt is the claim subject to offset? No Yes | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intoxicated Other. Specify | | | |

Debtor 1

Document Page 25 of 56 Robert

| Pá | 12: List All of Your NONPRIO | RITY Uns | ecured Claim | ns | |
|-----|---|----------------------------|--------------------|--|--|
| | Do any creditors have nonpriority un No. You have nothing to report in the Yes | | | | |
| | nonpriority unsecured claim, list the cre | ditor separ ditor holds | ately for each cla | al order of the creditor who holds each claim. If a creditor has alm. For each claim listed, identify what type of claim it is. Do no n, list the other creditors in Part 3.If you have more than three no | tist claims already |
| . 1 | | | | | Total claim |
| 1 | Armor Systems Co Nonpriority Creditor's Name | | | Last 4 digits of account number 0 2 8 6 | 549.00 |
| | 1700 Kiefer Drive Suite 1 | | | When was the debt Incurred? 06/30/2015 | 4 |
| | Zion | ıL | 60099 | | |
| | City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | i |
| | | | | ☐ Confingent | |
| | Who incurred the debt? Check one. | | | Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | | ☐ Student loans | |
| | Check if this claim is for a commu | خط مام د حداد | | Obligations arising out of a separation agreement or divorce | |
| | | mty debt | | that you did not report as priority claims | |
| | ls the claim subject to offset? No | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit | • |
| | Q Yes | | | Other. Specify Oredit | |
| | | | | | s 13,659.81 |
| 2 | ARSI / Home Depot | | | Last 4 digits of account number 5 8 7 0 When was the debt incurred? 10/14/2015 | \$ 13,039.01 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 10/14/2015 | |
| | 555 St Charles Drive SUite 11 | <u> </u> | | _ | |
| | Thousand Oaks | CA | 91360 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | ☐ Comingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | | Student loans | |
| | Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | inty wow. | | Debts to pension or profit-sharing plans, and other similar debts | \$ |
| | Is the claim subject to offset? No | | | Other, Specify Credit | |
| | Yes | | | | |
| .3 | Bank of America | | | Look Adoles of account number C. A. A. E. | A. T. A. |
| | Nonpriority Creditor's Name | | | Last 4 digits of account number 6 1 4 5 When was the debt incurred? 10/01/1992 | s21,706.00 |
| | PO Box 982238 | | | When was the debt incurred? 10/01/1992 | |
| | Number Street | | 70000 | | |
| | El Paso | TX State | 79998 ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | City | 21810 | <u></u> | ☐ Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | |
| | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Torse of NONDRIGHTY (1600 come of classes) | |
| | At least one of the debtors and another | • | | Type of NONPRIORITY unsecured claim: | |
| | | | | Student loans | |
| | Check if this cizim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debt | S |
| | ₩ No | | | Other. Specify Credit | • |
| | ☐ Yes | | | | |

P. Document Page 26 of 56 Debtor 1

| listing any entries on this pag | e, number the | m beginning witi | h 4.4, followed by 4.5, and so forth. | Total clain | | |
|---|--|------------------|---|-----------------------|--|--|
| Capital One Bank | | | Last 4 digits of account number 1 3 9 2 | _{\$} 16,496. | | |
| 15000 Capital One Drive | _ | | When was the debt incurred? 02/28/2005 | | | |
| Number Street Richmond | VA | 23238 | As of the date you file, the claim is: Check all that apply. | | | |
| City Who incurred the debt? Check one Debtor 1 only | State e. | ZIP Code | Contingent Unaquidated Disputed | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| At least one of the debtors and an Check If this claim is for a coi | | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| is the claim subject to offset? No Yes | | | Other. Specify Credit | | | |
| CitiCard | | | Last 4 digits of account number 1 8 1 0 | s_3,907. | | |
| Nonpriority Creditor's Name PO Box 6241 | ······································ | ··- <u></u> | When was the debt incurred? 05/31/2010 | | | |
| Number Street Sioux Falls | SD | 57117 | As of the date you file, the claim is: Check all that apply. | | | |
| City Who incurred the debt? Check one | State | ZIP Code | Contingent Uniquidated | | | |
| Debtor 1 only | o. | | ☐ Disputed | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: Student loans | | | |
| At least one of the debtors and an | other | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| Check if this claim is for a co- is the claim subject to offset? | mmunity debt | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Credit</u> | | | |
| ☑ No ☑ Yes | | | | | | |
| Citizens Bank | | - <u> </u> | Last 4 digits of account number 0 2 2 1 | _{\$} 5,104 | | |
| Nonpriority Creditor's Name 1000 Lafayette Blvd | | | When was the debt incurred? 07/31/2011 | | | |
| Number Street Bridgeport | СТ | 06604 | As of the date you file, the claim is: Check all that apply. | | | |
| Who incurred the debt? Check on | State e. | ZIP Code | Contingent Unfiquidated Disputed | | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and ar | nother | | Student loans Obligations arising out of a separation agreement or divorce that | | | |
| ☐ Check If this claim is for a co | mmunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| Is the claim subject to offset? No | | | ☑ Other, Specify Credit | | | |

Debtor 1

Robert P. First Name

O'Brien Document Page 27 of 56
Case number (# Incomp.)

| | |
|---------|----|
| Part | 4: |

| r listing any entries on this pa | ge, number them beginni | ng with 4.4, followed by 4.5, and so forth. | Total claim |
|---|-------------------------|---|---------------------|
| City of Chicago - Dept of | Finance | Last 4 digits of account number 7 1 8 9 | \$ <u>3,910.</u> 15 |
| PO Box 6330 | | When was the debt incurred? 05/23/2016 | |
| Number Street Chicago | IL 60680 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check | State ZiP Code | ☐ Contingent☐ Unliquidated☐ Disputed | |
| Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a c | • | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| is the claim subject to offset? ☑ No ☐ Yes | • | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit | |
| Kohls / Capone | | Last 4 digits of account number 0 2 9 6 | \$ <u>552,00</u> |
| Nonpriority Creditor's Name N56 17000 Ridgewood D | rive | When was the debt incurred? 12/31/2012 | |
| Number Street Menomonee Falls | WI 5305° | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check (| State ZIP Code | Contingent Uniquidated Disputed | |
| Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | another | Student loansObligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to offset? No Yes | | ☑ Other, Specify_Credit | |
| Law Office of Talan & Kts | sanes | Last 4 digits of account number 3 6 4 2 | \$ 1,030.67 |
| Nonpriority Creditor's Name 223 W Jackson Blvd, Sui | te 512 | When was the debt incurred? 05/28/2016 | |
| Number street Chicago | IL 60606 | | |
| City Who incurred the debt? Check | State ZIP Code | ☐ Contingent ☐ Uniquidated ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and | another | Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Check If this claim is for a | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? I No I Yes | | Debts to pension of profit-snanng plans, and other similar debts Other, Specify Credit | |

mber (# known)___

Debtor 1

| First Name | Middle Name | Lest N | eme | Case nur |
|------------|-------------|--------|-------------------------|---------------|
| Robert | P. | (| _{D'B} ըզcument | Page 28 of 56 |
| Casc It | -31213 | DUCI | 1 1100 03/30/10 | |

| listing any entries on this page, num | ber them beginning with | h 4.4, followed by 4.5, and so forth. | Total claim |
|--|-------------------------|--|-------------|
| Northwest Orthopedic Surgery | | Last 4 digits of account number 6 8 4 9 | s650.4 |
| 3030 W Salt Creek Lane #100 | | When was the debt incurred? 12/31/2014 | |
| Number Street Arlington Heights IL 60005 City State ZIP Code | | As of the date you file, the claim is: Check all that apply. | |
| City S Who incurred the debt? Check one. Debtor 1 only | ate ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a communit is the claim subject to offset? If No | y debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit | |
| ☐ Yes | | | |
| Ocwen Loan Servicing | | Last 4 digits of account number 0 2 3 9 | \$ 88,219.6 |
| Nonpriority Creditor's Name 449 W 103rd St | | When was the debt incurred? 06/01/2009 | |
| Number Street Chicagoo I | L 60628 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one, | ate ZIP Code | ☐ Contingent ☐ Unfiquidated ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a communit is the claim subject to offset? | y debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Mortgage deficiency | |
| Mod No □ Yes | | | |
| Portfolio Recovery Associates | | Last 4 digits of account number 1 3 3 5 | \$886.0 |
| 120 Corporate Blvde Suite 1 | | When was the debt incurred? 04/07/2016 | |
| Norfolk | /A 23502 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check one. | ate ZIP Code | ☐ Contingent ☐ Unitquidated ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a communit | y debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? M No | | Other. Specify Credit | |

Official Form 106E/F

| Debt | lor 1 Robert P. O'Brief O'United First Name Middle Name Last Name | Case number (# known) | - |
|------|---|---|------------------|
| | | | |
| Pai | Your NONPRIORITY Unsecured Claims — Cont | tinuation Page | |
| Aftı | er listing any entries on this page, number them beginning w | with A followed by A F and as forth | |
| | . noung any oncres on the page, number diem beginning i | мы «- «, тоножев ву 4.3, япв во годи. | Total claim |
| 5.4 | | | |
| Ш | Richard C Shay DMD | Last 4 digits of account number 3 1 4 4 | <u>\$</u> 331.97 |
| | Nonpriority Creditor's Name PO Box 3000 | When was the debt incurred? 07/20/2016 | |
| | Number Street | | |
| | <u>Salem</u> OR 97302 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | ļ |
| | Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loans | |
| | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | is the claim subject to offset? | Other, Specify Credit | |
| | ☑ Na | | |
| | Yes | | |
| 5.5 | | | |
| 5.5 | Southwest Credit Systems | Last 4 digits of account number 5 8 0 1 | \$37.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? 12/01/2015 | |
| | 4120 International Pkwy | Auteu Mas the peof lucturen (| |
| | Number Street Carrolton TX 75007 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | Maritiment of the debta of the | Unliquidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | ☐ Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | you did not report as priority claims | ; |
| | is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Credit</u> | |
| | No. | | |
| | Yes | | |
| _ | | | |
| | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | | |
| | | When was the debt incurred? | |
| ! | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent | |
| | | ☐ Un≅quidated | |
| | Who incurred the debt? Check one. | ☐ Disputed | |
| 1 | Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | • D Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | Check if this claim is for a community debt | you did not report as priority claims | |

☐ Other Specify__

Debts to pension or profit-sharing plans, and other similar debts

□ No ☐ Yes

Is the claim subject to offset?

Page 30 of 56

Debtor 1

O'Brier Document Robert

Case number (If Anown)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Seterus | . | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|---------------------------------------|---------------|-------------------|---|
| 14523 SW Milikan Wa | av St | | Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | <u>.</u> | Part 2: Creditors with Nonpriority Unsecured Claim |
| | <u> </u> | | Last 4 digits of account number 6 2 8 6 |
| Beaverton City | OR State | 97005 ZIP Code | Least 4 digits of account number |
| The Wirbicki Law Gro | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| 33 W Monroe St, Suit | e 1140 | | Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| · · · · · · · · · · · · · · · · · · · | | | Claims |
| Chicago | !L State | 60603 ZIP Code | Last 4 digits of account number 6 2 8 6 |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| tumber Street | | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| <u>City</u> | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Vame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | · | | Part 2: Creditors with Nonpriority Unsecured |
| <u> </u> | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| | <u> </u> | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Color |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | | · | Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | East 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | <u> </u> | _ | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| - | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main

Robert P. O'Brien Document Page 31 of 56
Case number (** Annum)

Part 4: Add the Amounts for Each Type of Unsecured Claim

| Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. | | | | | | | | | |
|--|---|-----|----------------|--|--|--|--|--|--|
| | | | Total claim | | | | | | |
| Total claims | 6a. Domestic support obligations | 6a. | . \$0.00 | | | | | | |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | · | | | | | | |
| | 6c. Claims for death or personal injury while you were Intoxicated | 6c. | · | | | | | | |
| | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | · +s0.00 | | | | | | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | s | | | | | | |
| | | | Total claim | | | | | | |
| Total claims | 6f. Student loans | 6f. | s0.00 | | | | | | |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | . \$0.00_ | | | | | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6ħ. | . \$0.00 | | | | | | |
| | Other, Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$157,039.72 | | | | | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | 157 030 72 | | | | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Page 32 of 56 Document

| formation to iden | tify your asse: | | |
|------------------------|--|--|--|
| Robert | P. | O'Brien | |
| First Name | Middle Name | Last Name | |
| Catherine | М, | O'Brien | _ |
| First Name | Middle Name | Last Name | |
| Bankruptcy Court for t | the: Northern District | of Illinois | |
| | | | |
| | Robert First Name Catherine First Name | First Name Middle Name Catherine M. First Name Middle Name | Robert P. O'Brien Fixt Name Middle Name Lest Name Catherine M. O'Brien |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | | | have the contract or lease | State what the contract or lease is for | | | |
|-----|--|--------------|-------|----------------------------|---|--|--|--|
| 2.1 | | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | · | | | | | |
| | City | | State | ZIP Code | | | | |
| 2.2 | | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| 2.3 | | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | | | | | | |
| | City | | State | ZIP Code | | | | |
| 2.4 | | | | | | | | |
| | Name | | | | | | | |
| | Number | Street | | | | | | |
| ļ | City | | State | ZIP Code | | | | |
| 2.5 | | | | | <u></u> | | | |
| | Name | | | | | | | |
| - | Number | Street | | | _ | | | |
| į | City | | State | ZIP Code | | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 33 of 56

| Fill in this i | nformation to ident | ify your case: | | |
|---------------------------|---------------------|----------------|-----------|--|
| Debtor 1 | Robert | P. Middle Name | O'Brien | |
| Debtor 2 | Cathernie | M. | O'Brien | |
| (Spouse, if filing | j) First Nerne | Middle Name | Lest Name | |
| United States | 5 | | | |
| Case number (If known) | | | | |

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse No | es a codebtor.) | | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|--|--|
| ĺ | ☐ Yes | | | | | | | | | | |
| 2. | Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | | | | | | | |
| | ☑ No. Go to line 3. | | | | | | | | | | |
| | Tes. Did your spouse, former spouse, or legal equivalent live with you at the time | e? | | | | | | | | | |
| | □ No | | | | | | | | | | |
| | Q Yes. In which community state or territory did you live? | . Fill in the name and current address of that person. | | | | | | | | | |
| | | • | | | | | | | | | |
| | | | | | | | | | | | |
| | Name of your spouse, former spouse, or legal equivalent | | | | | | | | | | |
| | | | | | | | | | | | |
| | Number Street | | | | | | | | | | |
| | | | | | | | | | | | |
| | City State ZIP Code | | | | | | | | | | |
| 3. | In Column 1, list all of your codebtors. Do not include your spouse as a codebt | or if your spouse is filing with you. List the person | | | | | | | | | |
| | shown in line 2 again as a codebtor only if that person is a guarantor or cosigr | | | | | | | | | | |
| | Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule E/F | dule G (Official Form 106G). Use Schedule D, | | | | | | | | | |
| | Schedule E/F, or Schedule G to fill out Column 2. | | | | | | | | | | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt | | | | | | | | | |
| | * | · · | | | | | | | | | |
| | 1 | Check all schedules that apply: | | | | | | | | | |
| 3.1 | | Schedule D, line | | | | | | | | | |
| | Name | ☐ Schedule E/F, line | | | | | | | | | |
| į | Number Street | | | | | | | | | | |
| | Halinda Oneor | Schedule G, line | | | | | | | | | |
| | City State ZIP Code | | | | | | | | | | |
| 3.2 | | _ | | | | | | | | | |
| - | Name | Schedule D, line | | | | | | | | | |
| | | ☐ Schedule E/F, line | | | | | | | | | |
| | Number Street | Schedule G, line | | | | | | | | | |
| | City State ZIP Code | | | | | | | | | | |
| 3.3 | | | | | | | | | | | |
| 3,3 | J | Schedule D, line | | | | | | | | | |
| | Name . | ☐ Schedule E/F, line | | | | | | | | | |
| | Number Street | □ Schedule G, line | | | | | | | | | |
| | | a odrodoto o, mio | | | | | | | | | |
| | City State ZIP Code | ~ · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | | | | | | | | | | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 34 of 56

| Fill in this in | formation to identify | your case: | | | | | |
|--|---|---|--|-------------------------------|-----------------------|--|--------------------------------------|
| Debtor 1 | Robert | Р. | O'Brien | | | | |
| | First Name Catherine | Middle Name M. | Cast Name O'Brien | | | | |
| Debtor 2 (Spouse, if filing) | | Atiddia Name | Lest Name | | | | |
| United States | Bankruptcy Court for the: | Northern District of Illinois | | | | | |
| Case number | | | | | Check if th | | |
| | | | | | _ | ended filing | |
| | | | | | | lement showing postpe as of the following dat | |
| Official Fo | orm 106l | | | | MM / DI | D/ YYYY | |
| Sched | lule I: You | ır Income | | | | | 12/15 |
| supplying collif you are sep separate she | rrect information. If your earated and your spou | essible. If two married peopulare married and not filing with you, on top of any additional pag | ng jointly, and yo do not include inf | ur spouse is formation abo | living with your spou | ou, include information use, if more space is nec | about your spouse. aded, attach a |
| Fill in you information | r employment | | Debtor 1 | - | | , Debtor 2 or non-filir | ng spouse- |
| attach a se | e more than one job, eparate page with n about additional | Employment status | ☑ Employed | ed | | ☑ Employed ☐ Not employed | |
| Include pa setf-emplo | rt-time, seasonal, or yed work. | Occupation | Operations M | /lanager | | Teacher | |
| | n may include student aker, if it applies. | Occupation | | | | | |
| | | Employer's name | Crown Service | ces | | Chicago Public Sc | hools |
| | | Employer's address | 947 W Wise | Poad | | 42 W Madison St | |
| | | | Number Street | ixoau | | Number Street | |
| | | | | | | | |
| | | | Schaumburg | | 60194 | | IL 60602 |
| | | | City | State ZIP | Code | City S | State ZIP Code |
| | | How long employed then | re? 5 years | | | 5 years | |
| Part 2: | Give Details About | : Monthly Income | | | | | |
| | · | | . 16 have | | | the CO in the server limited | |
| spouse un | less you are separated | | - | • . | • | · | • |
| | | ave more than one employe ttach a separate sheet to th | | rmation for all | employers fo | r that person on the lines | |
| | | | | For ——— | Debtor 1 | For Debtor 2 or non-filing spouse | |
| | | ary, and commissions (be calculate what the monthly | | 2. <u>\$ 4</u> | ,749.33 | \$ <u>7,019.57</u> | |
| 3. Estimate | and list monthly over | time pay. | | 3. +\$ | | + \$ | |
| 4. Calculate | gross income. Add li | ne 2 + line 3. | | 4. \$_4 | ,749.33 | \$ 7,019.57 | |
| | | | | | | | |

Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Case 16-31275 Document Page 35 of 56 O'Brien Debtor 1 Case number (# knot For Debtor 1 For Debtor 2 or non-filing spouse 4,749.33 7.019.57 Copy line 4 here..... 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 954.76 1.182.11 5a. 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 490.39 5d. Required repayments of retirement fund loans 5d. 204.42 5e. Insurance 5e. 5f. Domestic support obligations 5f. 92.72 5g. Union dues 5g 5h. Other deductions. Specify: 954.76 1,969.64 6. Add the payroll deductions, Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 3,794.57 5,049.93 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 8d. Unemployment compensation 8d. 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. 8h, Other monthly income. Specify: 0.00 0.00 9, Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10 8.844.50

| • | | | | |
|---|----------|-------------|-----|----------|
| D. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ 3,794.57 | \$_ | 5,049.93 |
| 1. State all other regular contributions to the expenses that you list in So | hedula J | | | - |

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. 🕏 Specify:

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

8,844.50 12. Combined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

| □ No. | | |
|---------------|-----|-------------|
| Yes, Explain: | : 1 | |
| | | |

| Fill in tisin | information to identify | Vour éase: | | | | | | |
|---------------------------------|--|--|--------------|--------------------------------|----------------------------|--------------------------|-------------|-------------------------------|
| · | Robert | |)'Brien | | | | | |
| Debtor 1 | First Name | Middle Name L | est Namo | | Check if this | is: | | |
| Debtor 2 (Spouse, if file | Catherine | |)'Brien | [| ☐ An amen | ded filing | | |
| United State | e Banknintry Court for the: | Northern District of Minnis | | | | ment show , as of the | | etition chapter 13 date. |
| Case number (if known) | er | | | | MM / DD / | YYYY | | |
| Official | Form 106J | | | | | | | |
| | | ur Expenses | | | | | | 12/15 |
| Be as comp Information | lete and accurate as po | ossible. If two married peopled, attach another sheet to | le are fili | | | | | ng correct |
| Part 1: | Describe Your Hou | sehold | | | | **** | | |
| In this n j | nint caes? | | | | | | | |
| | Go to line 2. Does Debtor 2 live In a s | separate household? | | | | | | |
| ί | ⊇ No | | | | | | | |
| Ţ | Yes. Debtor 2 must file | e Official Form 106J-2, Exper | ses for S | eperate House | hold of Debtor 2. | | | |
| Do not list | ave dependents? Debtor 1 and | ☐ No Yes. Fill out this information | ation for | Dependent's I Debtor 1 or D | relationship to ebtor 2 | Depe age | ndent's | Does dependent live with you? |
| Debtor 2. Do not sta | ite the dependents' | each dependent | ************ | Daughter | | 15 | | □ No |
| names. | сороность | | | | | | | 922 Yes □ No |
| | | | | Son | | <u>13</u> | | Li No El Yes |
| | | | | Son | | 10 | | , □ No Ø Yes |
| | | | | San. | | 10 | | □ No |
| ı | | | | Son | | <u>10</u> | | Yes |
| | | | | | | | | □ No |
| · | | | | | | | | Ų Yes |
| expenses | expenses include s of people other than and your dependents? | ☑ No □ Yes | | | | | | |
| Part 2: | Fstimate Your Shool | ing Monthly Expenses | | | 100 | | | |
| | | bankruptcy filing date unle | ess vou a | re using this | form as a suppleme | ent in a Ch | apter 13 c | ase to report |
| | rad enti resta esab a lo a | rkruptcy is filed. If this is a | | | | | | |
| Include exp | enses paid for with nor | n-cash government assistar | nce if you | ı know the val | ue of | | _ | |
| | | d it on <i>Schedule I: Your Inc</i> e | · - | | | Y | ont exbe | nses |
| | al or home ownership of for the ground or lot. | expenses for your residence | e. Include | first mortgage | payments and | 4. \$_ | | 2,008.00 |
| • | cluded in line 4: | | | | | | | |
| | al estate taxes | | | | | 4a. \$_ | | |
| | perty, homeowner's, or r | | | | | 46. \$_ | | |
| | me maintenance, repair, | | | | | 4c. \$_ | | |
| 4d. Ho | meowner's association o | r condominium cues | | | | 4d. \$ | | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 37 of 56

Debtor 1

Robert First Name

O'Brien

Case number (# known)___

| | | | Your-expense | 5 - |
|-----|---|-----------|--------------|------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | |
| | | •• | | |
| 6. | Utilities: | ٥. | . | 280.00 |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| | 6b. Water, sewer, garbage collection | 6b. | P | |
| | 6c. Telephone, cell phone, internet, satelilte, and cable services | 6c. | \$ | 400.00 |
| _ | 6d. Other. Specify: | 6d. -• | \$ | 1,300.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | |
| 8. | Childcare and children's education costs | 8. | \$ | 593.00 |
| 9. | Ciothing, laundry, and dry cleaning | 9. | \$ | 450.00 |
| 10. | Personal care products and services | 10. | \$ | 200.00 |
| 11. | Medical and dental expenses | 11. | \$ | 315.00 |
| 12, | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 500.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 500.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 100.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 308.00 |
| | 15b. Health insurance | 15b. | \$ | |
| | 15c. Vehicle insurance | 15c. | \$ | 120.00 |
| | 15d. Other insurance, Specify: Supplemental | 15d. | \$ | 40.00 |
| | | | | |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | |
| 17. | installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 332.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 450.00 |
| | 17c. Other. Specify: | 17a | \$ | <u> </u> |
| | 17d. Other, Specify: | 17d. | \$ | |
| ič. | Your payments of silmony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18, | \$ | |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: | 19. | \$ | |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | | _ |
| | 20a. Mortgages on other property | 20a. | \$ | |
| | 20b. Real estate taxes | 20b. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 500.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | |
| | | | • | |

Case 16-31275 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Doc 1 Page 38 of 56 Document O'Brien Debtor 1 Case number (#Ano Other. Specify: Registration costs for kids' sports 338.00 Calculate your monthly expenses. 8,934,00 22a, Add lines 4 through 21. 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 0.00 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 8,934.00 22c. 23. Calculate your monthly net income. 8,844.50 Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 8.934.00 23b. 250. Subtract your monthly expenses from your monthly income. -89.50 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? M No. ☐ Yes. Explain here:

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 39 of 56

| | | | | oannone | <u> </u> |
|------------------------------|-------------------|--------------|-----------------------|--------------------|----------|
| Fill in this i | nformation to ide | ntify your e | case: | | |
| Debtor 1 | Robert | P. | O'Brien | | |
| | First Name | Mic | ide Name | Lest Name | |
| Debtor 2 | Catherine | M, | O'Brien | | |
| (Spouse, If filing |) First Name | Mic | ide Name | Last Name | |
| United States Case number | ` - | r the: North | em District of Illino | is | E |
| (if known) | | | | | |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| d you pay or agree to pay someone who | is NOT an attorney to help you fill out bankruptcy forms? |
|--|--|
| No | |
| Yes. Name of person | . Attach Benkruptcy Petition Preparer's Notice, Declaration, and |
| | Signature (Official Form 119). |
| | |
| | ave read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I hat the the the the are true and correct. | ave read the summary and schedules filed with this declaration and |
| | * College M Bruinsign Signature of Debtor 2 |
| gnature of Debtor 1 | Signature of Debtor 2 |
| Institute of Deblor 1 | * Cotheme M Brei |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 40 of 56

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| IN RE: | Robert P. O'Brien and Catherine M. O'Brien, |))) | Chapter 7 Bankruptcy Case No. |
|--|--|--|--|
| | | | G ELECTRONIC FILING NYING DOCUMENTS |
| | DECLARATIO | ON OF I | PETITIONER(S) |
| A. | [To be completed in all cases] | | |
| corpora informa petition docume | te officer, partner, or member hereby ation I (we) have given my (our) attor , statements, schedules, and other do ents are true and correct. | declare declar | O'Brien, the undersigned debtor(s), e under penalty of perjury that (1) the rue and correct; (2) I (we) have reviewed the s being filed with the petition; and (3) the |
| | [To be checked and applicable only i liability entity.] | if the pe | etition is for a corporation or other limited |
| | I,, the undersing the have been authorized to file this petition. | gned, fi | urther declare under penalty of perjury that I behalf of the debtor. |
| Robert | P. O'Brien | | _Catherine M O'Brien |
| Printed | or Typed Name of Debtor or Repres | entative | Printed or Typed Name of Joint Debtor |
| Signatu | re of Debtor or Representative | | Signature of Joint Debtor |
| Date | 8/6/16 | | Date |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Page 41 of 56 Document

| Fill in this ir | iformation to iden | tify your case: | | |
|---------------------|------------------------|-----------------------------------|-----------|-------------------|
| Debtor 1 | Robert | Ρ. | O'Brien | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Catherine | М. | O'Brien | |
| (Spouse, if filing) | First Name | Middle Name | Lest Name | |
| United States | Bankruptcy Court for t | ne: Northern District of Illinois | | $\overline{\Box}$ |
| Case number | | | | |
| (If known) | | | | |

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 5 | dive Details At is your current married Not married | About Your Marital Sta | tus and Where Y | ou Lived Before | |
|----------|---|---|-------------------------------|---|---|
| 2 | ٧o | have you lived anywhere | | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
| | Number Street | | . From | Same as Debtor 1 Number Street | Same as Debtor 1 From To |
| - | City | State ZIP Code | | City State ZIP Code | Same as Debtor 1 |
| | Number Street | | From | Number Street | _ From To |
| | City | State ZIP Code | - | City State ZIP Code | _ |
| state | es <i>and territories</i> inc No | lude Arizona, California, Ida fill out Schedule H: Your Co | ho, Louisiana, Neva | valent in a community property state or territory/ da, New Mexico, Puerto Rico, Texas, Washington, a m 106H). | ? (Community property nd Wisconsin.) |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 42 of 56

| or 1 | Robert | P. O' | | | Imber (# known) | |
|--|--|--|--|---|--|---|
| | First Name Middle | s Name Last | Name | | | |
| Fill in If you | n the total amount of in u are filing a joint case | rcome you receive | d from all jobs and all b | business during this year usinesses, including part-ti gether, list it only once und | | |
| | | | Okolebeu 1 | | E08347 3 | |
| | | | Sources of Income Check all that apply. | ; Gross income (before deductions and | Sources of Income Check all that apply. | Gross income ,(before deductions and |
| | From January 1 of cuthe date you filed for | | Wages, commission bonuses, tips Operating a busine | 3 | Wages, commissions, bonuses, tips Operating a business | \$ 47,331.00 |
| | For last calendar yea (January 1 to Decemb | | Wages, commission bonuses, tips Operating a busine | \$ 20,619.00 | Wages, commissions, bonuses, tips Operating a business | \$ 72,876.00 |
| | For the calendar year | | ₩ages, commission bonuses, tips | s 12.475.00 | Wages, commissions, bonuses, tips Operating a business | \$ 70,926.00 |
| Did y nclud unem gamb | de income regardless nployment, and other poling and lottery winning | of whether that inc public benefit paym ngs. If you are filing | come is taxable. Examp nents; pensions; rental i g a joint case and you h | income; interest; dividends; nave income that you receiv | mony; child support; Social; ; money collected from law red together, list it only onc | sults; royalties; and |
| Did y Includent unem gamb List e | de income regardless nployment, and other poling and lottery winnir each source and the g | of whether that inc public benefit paym ngs. If you are filing | come is taxable. Examp nents; pensions; rental i g a joint case and you h pach source separately. | oles of other income are alin income; interest; dividends | ; money collected from law red together, list it only onc at you listed in line 4. | sults; royalties; and |
| Did y Includent Jamb List e | de income regardless nployment, and other poling and lottery winning each source and the go | of whether that inc public benefit paym ngs. If you are filing | come is taxable. Examp nents; pensions; rental i g a joint case and you h | oles of other Income are alin income; interest; dividends; lave income that you receiv | ; money collected from law red together, list it only onc | suits; royalties; and e under Debtor 1. Gross income from each source |
| — Did ynclucennouncember List e | de income regardless nployment, and other poling and lottery winning each source and the go | of whether that inc public benefit paym ngs. If you are filing ross income from e | come is taxable. Example tents; pensions; rental is a joint case and you heach source separately. Sources of income | oles of other Income are alir income; interest; dividends; nave income that you receiv. Do not include income that you receiv. Gross income from ach source (before deductions and | ; money collected from law red together, list it only once at you listed in line 4. DOT DOT | suits; royalties; and e under Debtor 1. Gross-Income from each source (before deductions and |
| — Dikilyinclucumem gamb | de income regardless aployment, and other poling and lottery winning each source and the gold of the source and the s | of whether that inc public benefit paym ngs. If you are filing ross income from e current year until r bankruptcy: | come is taxable. Example tents; pensions; rental is a joint case and you heach source separately. Sources of income | oles of other Income are alir income; interest; dividends; have income that you receiv . Do not include income that ' Gross income from ' each source (before deductions and exclusions) - \$ | ; money collected from law red together, list it only once at you listed in line 4. DOT DOT | suits; royalties; and e under Debtor 1. Gross-Income from each source (before deductions and |
| Did y include unem gamb | de income regardless aployment, and other poling and lottery winning each source and the gold of the data you filed for last calendar years. | of whether that including benefit paymags. If you are filing ross income from a current year until r bankruptcy: ar: ber 31,2015 YYYY ar before that: | come is taxable. Example tents; pensions; rental is a joint case and you heach source separately. Sources of income | oles of other Income are alir income; interest; dividends, have income that you receiv . Do not include income that ' Gross Income from ' each source (before deductions and exclusions) - \$ | money collected from law yed together, list it only once at you listed in line 4. | Suits; royalties; and the under Debtor 1. Gross-Income from Fach source (before deductions and Exclusions) - \$ |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 43 of 56

| | First Name Middle Name Last Name | | | | |
|----------|--|--|--|----------------------------|--|
| | | | | | |
| art 3: | List Certain Payments You Made Be | fore You Filed | for Bankruptcy | | |
| Are eith | ner Debtor 1's or Debtor 2's debts primari | ti consumer debte | .2 | | |
| | Neither Debtor 1 nor Debtor 2 has prima | | | defined in 11 U.S.C. § 101 | (B) as |
| | "incurred by an individual primarily for a per | sonal, family, or ho | ousehold purpose." | | (0) 00 |
| | During the 90 days before you filed for ban | kruptcy, did you pa | y any creditor a total of \$6 | 5,425* or more? | |
| | No. Go to line 7. | 4 4 | | | |
| | Yes. List below each creditor to whom y total amount you paid that creditor child support and alimony. Also, d | . Do not include pa | yments for domestic supp | oort obligations, such as | |
| _ | * Subject to adjustment on 4/01/19 and eve | · • | | er the date of adjustment. | |
| 2 Yes | Debtor 1 or Debtor 2 or both have prima | | | | |
| | During the 90 days before you filed for ban | kruptcy, did you pa | y any creditor a total of \$5 | SUO or more? | |
| | No. Go to line 7. | | | | |
| | Yes, List below each creditor to whom y creditor. Do not include payments | | | | |
| | alimony. Also, do not include payr | | | | |
| | | ¹ Dates of payment | Total smount paid | Amount you still owe | Was this payment for |
| | Seterus | 06/15/2016 | \$6,000.00 | \$335,700.00 | Mortgage |
| | Creditor's Name PO Box 1077 | 07/15/2016 | | | Car |
| | Number Street | 0771072010 | | | Credit card Loan repayment |
| | | | | | ∟∎ Loan rebavmenī |
| | | 08/15/2016 | | | _ |
| | Hartford CT 06143 | | | | _ |
| | Hartford CT 06143 City State ZIP Coo | | · · · · · · · · · · · · · · · · · · · | as a summersum see | Suppliers or vendor |
| | | | \$1,345.25 | \$ <u>17,085.95</u> | Suppliers or vendor Other |
| | City State ZIP Cod | 06/15/2016 | \$ <u>1,345.25</u> | \$ <u>17,085.95</u> | Suppliers of vendor |
| | City State ZIP Cox | le . | \$ <u>1,345.25</u> | \$ <u>17,085.95</u> | Suppliers or vendor Other Mortgage |
| | City State ZIP Cod PNC Bank Creditor's Name | 06/15/2016 | \$ <u>1,345.25</u> | \$ <u>17,085.95</u> | Suppliers of vendor Other Mortgage Car Credit card Loan repayment |
| | City State ZIP Cod PNC Bank Creditor's Name | 06/15/2016 07/15/2016 | \$ <u>1,345.25</u> | \$ 17,085.95 | ☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor |
| | City State ZIP Cod PNC Bank Creditor's Name | 06/15/2016 07/15/2016 08/15/2016 | \$ <u>1,345.25</u> | \$ 17,085.95 | ☐ Suppliers or vendor. ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor. |
| | PNC Bank Creditor's Name Number Street City State ZIP Cod | 06/15/2016 07/15/2016 08/15/2016 | | | ☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other |
| | PNC Bank Creditor's Name Number Street | 06/15/2016 07/15/2016 08/15/2016 | \$ <u>1,345.25</u> \$ <u>997.32</u> | | ☐ Suppliers of vendor ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other ☐ Mortgage |
| | PNC Bank Creditor's Name Number Street City State ZIP Con Citizens One Creditor's Name PO Box 7000 | 06/15/2016 07/15/2016 08/15/2016 | | | ☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendor ☐ Other |
| | City State ZIP Coo | 06/15/2016 07/15/2016 08/15/2016 06/15/2016 07/15/2016 | | | Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other |
| | PNC Bank Creditor's Name Number Street City State ZIP Con Citizens One Creditor's Name PO Box 7000 | 06/15/2016 07/15/2016 08/15/2016 | | | Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 44 of 56

| r 1 | Robert First Name | P. Middle Name | Last Name | O'Brien | | Case number (# #nown) | |
|---------------------------------|---|--|---|--|--|--|--|
| ns <i>ide</i> orpo: gent, | rs include your rations of which including one is child suppor | relatives; any ge h you are an office | neral partners; i er, director, pers | relatives of any s son in control, or | general partners; p owner of 20% or i | eartnerships of whice more of their voting | who was an insider? th you are a general partner; securities; and any managing r domestic support obligations, |
| | | nents to an inside | т. | | | | |
| | | | | Dates of payment | Total amount pald | Amount you still owe | Reason for this payment |
| - | nsider's Name | | | <u> </u> | \$ | \$ | |
| u | isider & Name | | | | | | |
| Ñ | lumber Street | | | | | | |
| - | | | | - | | | |
| Ĉ | ity | State | ZIP Code | - | | a at 100 attacement | |
| Īr | nskler's Name | | | | \$ | . \$ | |
| N | umber Street | | | | | | |
| _ | | | | | | | |
| 7 | ity | State | ZIP Code | _ | | | |
| ins clud | ilder? e payments on | you filed for bar debts guaranteed ments that benefits | d or cosigned b | y an insider. | | | n account of a debt that benefited |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment include creditor's name |
| ï | nsider's Name | | | · | \$ | . \$ | |
| Ā | lumber Street | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| - 7 | | State | ziP Code | - | | | |
| - 7 | Zity | State | ZIP Code | | at the susual absolute in | | |
| • ••• | ilty nsider's Name | State | z ZiP Code | - | \$ | _ \$ | |
| Ī | | State | ZIP Code | - | \$ | \$ | |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 45 of 56

| r 1 | Robert | 1 . | O'Brie | <u>n</u> | | Case number (# known) | | |
|-----------------|--|---|---------------|---|---|--|-----------------------------|------------------------------------|
| | First Name | Middle Name | Last Name | | | | | |
| | İ | | | | | | | |
| rt 4: | | gai Actions, Re | | | | | | |
| | • | • | | | - | uit, court action, or administ ces, collection suits, paternity | • | • |
| | ontract disputes. | | пјиту Сазе | is, sman Ganns e | acaons, aivoi | ces, conecdon saits, paternity | actoris, suppor | or castody modificati |
| ⊒ No | , | | | | | | | |
| | s. Fill in the deta | ails. | | | | | | |
| | | | * Na | ture of the case | | Court or agency | | Status of the case |
| | | | Fo | reclosure pro | ceeding | Circuit Court of Cool | ir County | u Pes |
| С | case title Federa | al Nat Mtg Asso | эс . О. | ediosare pro | ceeding | Circuit Court of Cool | k County | ─ ☐ Pending |
| | v. Debtors | | | | | 50 W Washington St | t | On appeal |
| _ | | | - | | | Number Street | | Concluded |
| С | ase number 20 | 15 CH 01078 | | | | Chicago I | L 60601 | |
| | | | | | | City State | ZIP Code | _ |
| | | | | | | | | |
| C | Case title | | | | | Court Name | <u> </u> | - Pending |
| | | | ľ | | | | | On appeal |
| | | | | | | Number Street | | Concluded |
| _ | | | | | | | | |
| - c | Sase number | | | | | | | |
| Within Check | n 1 year before all that apply ar | nd fill in the details | | as any of your | property rep | City State | ZIP Code Ished, attached | , seized, or levied? |
| Within Check | n 1 year before call that apply ar | nd fill in the details | | 19 12 | | | Ished, attached | |
| Within Check | n 1 year before all that apply ar | nd fill in the details | | Describe t | the property | ossessed, foreclosed, garn | | , seized, or levied? |
| Within Check | n 1 year before all that apply ar b. Go to line 11. es. Fill in the info | nd fill in the details ermation below. | | Describe t | the property ent proper | rossessed, foreclosed, garni | Ished, attached | |
| Within Check | n 1 year before all that apply ar b. Go to line 11. es. Fill in the info | nd fill in the details armation below. lat Mtg Assoc | | Describe t | the property ent proper | ossessed, foreclosed, garn | Ished, attached | Value of the property |
| Within Check | n 1 year before all that apply are before the control of the contr | nd fill in the details rmation below. lat Mtg Assoc consin Avenue | below. | Investment 103rd St | ent property ent proper t., Chicago | ty located at 449 west | Ished, attached | Value of the property |
| Within Check | n 1 year before all that apply are before the control of the contr | nd fill in the details rmation below. lat Mtg Assoc consin Avenue | below. | Investment 103rd St | ent property ent proper t., Chicago | ty located at 449 west | Ished, attached | Value of the property |
| Within Check | n 1 year before all that apply are before the control of the contr | nd fill in the details rmation below. lat Mtg Assoc consin Avenue | below. | Investment 103rd St | ent property ent proper t., Chicago | ty located at 449 west o, IL 60628 | Ished, attached | Value of the property |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details commation below. lat Mtg Assoc consin Avenue | , NW | Investment 103rd St | ent property ent proper t., Chicago hat happened erty was repo | ty located at 449 west o, IL 60628 | Ished, attached | Value of the property |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details commation below. Lat Mtg Assoc consin Avenue | , NW 20016 | Describe to Investment 103rd St | ent property ent proper t., Chicago hat happened erty was reperty was fore erty was gan | ty located at 449 west b, IL 60628 | Ished, attached | Value of the property |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details commation below. Lat Mtg Assoc consin Avenue | , NW | Investment 103rd Si | ent property ent proper t., Chicago hat happened erty was repoerty was fore erty was gan berty was atta | ty located at 449 west o, IL 60628 | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details commation below. Lat Mtg Assoc consin Avenue | , NW 20016 | Investment 103rd Si | ent property ent proper t., Chicago hat happened erty was reperty was fore erty was gan | ty located at 449 west b, IL 60628 | Ished, attached | Value of the property |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details commation below. Lat Mtg Assoc consin Avenue | , NW 20016 | Investment 103rd Si | ent property ent proper t., Chicago hat happened erty was repoerty was fore erty was gan berty was atta | ty located at 449 west b, IL 60628 | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | rederal N Creditor's Name 3900 Wisc Number Street Washingto | nd fill in the details remation below. lat Mtg Assoc consin Avenue t on DC State | , NW 20016 | Investment 103rd Si | ent property ent proper t., Chicago hat happened erty was repoerty was fore erty was gan berty was atta | ty located at 449 west b, IL 60628 | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | ra 1 year before all that apply and before the control of the cont | nd fill in the details remation below. lat Mtg Assoc consin Avenue t on DC State | , NW 20016 | Investment 103rd Si | ent property ent proper t., Chicago hat happened erty was repoerty was fore erty was gan berty was atta | ty located at 449 west b, IL 60628 | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | rederal N Creditor's Name 3900 Wisc Number Street Washingto | nd fill in the details commation below. Lat Mtg Assoc consin Avenue con DC State | , NW 20016 | Prop Prop Prop Describe t | ent property ent proper t., Chicago that happened erty was reporty was fore erty was gan erty was atta | ty located at 449 west of IL 60628 passessed. passessed. passed. pass | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | reduced by the second of the s | nd fill in the details commation below. Lat Mtg Assoc consin Avenue con DC State | , NW 20016 | Describe t Investme 103rd Si Explain wi Prop Prop Prop Prop Prop Explain wi | ent property ent propert t., Chicago hat happened erty was reporty was fore erty was gan erty was atta the property | ty located at 449 west o, IL 60628 passessed. passesse | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | reduced by the second of the s | nd fill in the details commation below. Lat Mtg Assoc consin Avenue con DC State | , NW 20016 | Describe to Investment 103rd State Explain with Prop Prop Prop Prop Prop Prop Prop Prop | ent property ent proper t., Chicago that happened erty was reporty was gan berty was atta the property that happened | ty located at 449 west of IL 60628 Dissessed. Dissessed. Dished. | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | reduced by the second of the s | nd fill in the details commation below. Lat Mtg Assoc consin Avenue con DC State | , NW 20016 | Prop Prop Prop Describe t Explain with the prop Prop Prop Prop Prop Prop Prop Prop | ent property ent proper t., Chicago that happened erty was reporty was gan berty was atta the property that happened erty was reporty erty was reporty erty was reporty | ty located at 449 west of IL 60628 Dissessed. Dissessed. Dished. Ched, selzed, or levied. | Date 01/22/2015 | Value of the property \$ 88,219.67 |
| Within Check | reduced by the second of the s | nd fill in the details commation below. Lat Mtg Assoc consin Avenue t on DC State | , NW 20016 | Prop Prop Prop Prop Prop Prop Prop Prop | ent property ent proper t., Chicago that happened perty was reporty was gan perty was atta the property that happened perty was reporty was reporty that happened perty was reporty perty was reporty perty was gan | ty located at 449 west of IL 60628 Dissessed. Dissessed. Dished. Ched, selzed, or levied. | Date 01/22/2015 | Value of the property \$ 88,219.67 |

Robert

P.

O'Brien

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 46 of 56 O'Brien Robert

Case number (# thoun)

| counts or refuse to make a payment bec | | | |
|---|---|--|-------------------|
| No | | | |
| Yes. Fill in the details. | | | |
| | Describe the action the creditor took | Date action was taken | Amount |
| Creditor's Name | · produktikana | | |
| Number Street | | us | S |
| | | | |
| City State ZIP Code | Last 4 digits of account number: XXXX | | |
| hin 1 waar hafara way filad far hankrunt | cy, was any of your property in the possession o | of an accionac for the honefi | t of |
| ditors, a court-appointed receiver, a cus | | or an assignee for the benefit | 101 |
| No | · | | |
| Yes | | | |
| | | • | |
| List Certain Gifts and Contribu | tions | | |
| | | | |
| hin 2 years before you filed for bankrup | tcy, did you give any gifts with a total value of m | they com marked | |
| | · · · · · · · · · · · · · · · · · · · | iore man soon ber berson r | |
| No | | iore men sonn ber bersom | |
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| No Yes, Fill in the details for each gift, .Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| Yes, Fill in the details for each gift, .Gifts with a total value of more than \$600 | | Dates you gave | Value |
| Yes, Fill in the details for each gift, "Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ |
| Yes, Fill in the details for each gift, "Gifts with a total value of more than \$600 | | Dates you gave | Value \$ |
| Yes, Fill in the details for each gift, "Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ \$ |
| Yes, Fill in the details for each gift, "Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ \$ |
| Yes, Fill in the details for each gift, "Gifts with a total value of more than \$600 per person | | Dates you gave | Value \$ \$ |
| Yes, Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | Value \$ \$ |
| Yes, Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | Value \$ \$ |
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| Yes, Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts Dates you gave | \$ \$ |
| Yes, Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts Dates you gave | \$ \$ |
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Debtor 1

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 47 of 56

| | Robert | Р. | | 'Brien_ | Cas | se number (# known) | | | |
|---|---|---|--|---|--|---------------------|---|---------------------------|-------------------------|
| | First Name | Middle Name | Lag | t Name | | • • • • | | | |
| | | | | | | | | | |
| Vithin | 2 years before | you filed | for bankruj | ptcy, did you give any g | ifts or contributions | with a total valu | e of more than \$6 | 500 to any | charity? |
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| - | s. Fill in the deta | ils for eacl | h gift or con | tribution. | | | | | |
| , | | | | • • | | | | | • |
| Gi i th | ifts or contributionst total more there | ns to charl 1 \$660 | ties | Describe what you cont | tributed | | Date you 'contributed | "Value | |
| | | | *** | | | | | | |
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| Char | rity's Name | | | - | | | | \$ | _ |
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| City | State | ZIP Code | | | | | , , | | |
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| 6; | List Certain | Losses | 1 | | | | | | |
| | escribe the prope ow the loss occur | | t and | I Describe any Insurance Include the amount that i | - | * | Date of your | Value o <u>į</u> losįt | property |
| | | | | claims on line 33 of Sche | edule A/B: Property. | | | | |
| | | | | | | | | | |
| | | | | | | | | s | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| 7. | Liet Certain | Paymen | te or Tran | store | | | | \$ | |
| | List Certain | _ | | | | | | \$ | <u>-</u> |
| Vithin | 1 year before y | ou filed f | or bankrup | tcy, did you or anyone e | | ehalf pay or tra | nsfer any propert | \$y to anyon | - |
| Vithin ou co | 1 year before y | ou filed fo | or bankrup ankruptcy | | tcy petition? | | | \$y to anyon | |
| Vithin ou co nclude | n 1 year before yonsuited about a any attomeys, t | ou filed fo | or bankrup ankruptcy | tcy, did you or anyone e or preparing a bankrupt | tcy petition? | | | y to anyon | |
| Vithin You co nclude | n 1 year before yonsuited about a any attomeys, t | rou filed f seeking b bankrupto | or bankrup ankruptcy | tcy, did you or anyone e or preparing a bankrupt | tcy petition? | | | \$y to anyon | - |
| Vithin You co nclude | 1 year before yonsulted about a any attomeys, l | rou filed f seeking b bankrupto | or bankrup ankruptcy | tcy, did you or anyone or preparing a bankrupt eparers, or credit counsel | tcy petition? ling agencies for serv | ices required in y | our bankruptcy. | | |
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| Vithin rou con nclude No No Zi Yes Ha | on suited about a any attorneys, it is. Fill in the deta ananwill Credwood Was Paid | rou filed fo seeking b bankruptc | or bankrup ankruptcy y petition pr | tcy, did you or anyone or preparing a bankrupt eparers, or credit counsel | tcy petition? ling agencies for serv of any property transfe | ices required in y | i Date payment or transfer was | | of paymen 25.00 |
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| Vithin you conclude No No Yes Ha Per 11 No Ro | 1 year before yonsulted about seany attorneys, less. Fill in the deta | rou filed fi seeking b bankruptc ills. dit Coun | or bankrup ankruptcy y petition pr seling | tcy, did you or anyone or preparing a bankrupt eparers, or credit counsel | tcy petition? ling agencies for serv of any property transfe | ices required in y | i Date payment or transfer was | | of р аун яел |

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 48 of 56

Case number (# known

O'Brien

Description and value of any property transferred Amount of Date payment or transfer was made payment Duenez Law, LLC Bankruptcy attorney fee Person Who Was Pald 1,000.00 04/01/2016 310 N Wolf Road Number Street Wheeling 60090 State ZIP Code Lmduenez@gmail.com Email or website address Person Who Made the Payment, If Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. EZ No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment "transfer was made* Person Who Was Paid Number Street ZIP Code State 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☑ No Yes. Fill in the details. Describe any property or payments' received or debts paid in exchange Description and value of property Date transfer transferred was made Person Who Received Transfer Number Street ZIP Code Person's relationship to you Person Who Received Transfer Number Street ZIP Code

Person's relationship to you _

Robert

Debtor 1

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Page 49 of 56 Document O'Brien Robert Debtor 1 Case number (Finos First Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Z No Yes. Fill in the details. Last 4 digits of account number Last balance before Type of account or Date account was closing or transfer instrument closed, sold, moved, or transferred Name of Financial Institution ☐ Checking XXXX-☐ Savings Number Street Money market Brokerage State ZIP Code Other Checking XXXX-_ Name of Financial Institution Savings Money market Number Street ☐ Brokerage Other State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? W No Yes, Fill In the details. Describe the contents *Do you still Who else had access to it? have k? □ No ☐ Yes Name of Financial Institution Neme Number Street Number Street

ZIP Code

City

State

ZIP Code

State

City

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 50 of 56

O'Brien

| ave y | ou stored property | in a storage unit | or place other than your home | within 1 year | before you filed for bankrup | tcy? |
|--|--|--|--|--|---|--|
| Z No |) | _ | - | - | - | - |
| Ye | s. Fill in the details. | • | | | | |
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| _ | | | <u> </u> | | | □ No |
| , | Name of Storage Facility | | Name | | | Yes |
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| 7 | Number Street | | Number Street | | | |
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| rt 9: | Identify Prop | erty You Hold (| or Control for Someone Els | 10 | | |
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| _ | | • • • • | omeone else owns? Include a | ny property y | ou borrowed from, are storin | g tor, |
| | ld in trust for some | one. | | | | |
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| ↓ Y ₀ | es. Fill in the details | S. | _ | | | |
| | | | Where is the property? | | Describe the property | Value |
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Robert

P.

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 51 of 56

O'Brien Robert Debtor 1 Case number (# Imperi) 25. Have you notified any governmental unit of any release of hazardous material? M No ☐ Yes. Fill in the details. Environmental law, if you know it Governmental unit Date of notice Name of site Governmental unit Number Street Number Street State ZiP Code City State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☑ No Yes. Fill in the details. Status of the Court or agency Nature of the case Case title , 🔲 Pending Court Name : 🔲 On appeal Number Street Concluded Case number City Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited (lability company (LLC) or limited (lability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN. Business Name Number Street Name of accountant or bookkeeper **Dates** business existed _ To ____ State ZIP Code Describe the nature of the business Employer Identification number Do not include, Social Security number or ITIN. Business Name EIN: __ _ _ _ _ _ _ _ _ _ _ _ Number Street Dates business existed Name of accountant or bookkeeper

City

ZIP Code

From _____ To ____

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 52 of 56

Robert Debtor 1 O'Brien Case number (# known) Employer Identification number Describe the nature of the business Do not include Social Security number or ITIN. Business Name Number Street «Name of accountant or bookkeeper Dates business existed From To State ZIP Code 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Z No Yes, Fill in the details below. Date issued MM / DO / YYYY Nursher Street ZIP Code City State Part 12: Slan Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 197)? **☑** No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ZÍ No Attach the Bankruptcy Petition Preparer's Notice, Yes, Name of person_____ Declaration, and Signature (Official Form 119).

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 53 of 56

| Fill in this | information to identi | fy your case: | | |
|---------------------|---|--------------------------------|-----------|---|
| Debtor 1 | Robert | P. | O'Brien | |
| | | Middle Name | Last Name | _ |
| Debtor 2 | <u>Catherine</u> | M, | O'Brien | |
| (Spouse, if filling | ng) First Name | Midds Name | Lest Name | • |
| | • | ne: Northern District of Illin | nois | |
| Case numbe | × | | | |
| (If known) | | | | |
| | | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims Part 1: 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 105D), fill in the information below. What do you intend to do with the property that Did you claim the property Identify the creditor and the property that is collateral secures a debt? as exempt on Schedule C? MZ No Creditor's Surrender the property. Seterus name: ☐ Yes Retain the property and redeem it. Description of Main residence located at Lincoln St. Retain the property and enter into a property Roselle, IL 60172 Reaffirmation Agreement. securing debt: Retain the property and [explain]: Creditor's Ma No Surrender the property. Silver Mortgage / Dyck O'Neal name: Retain the property and redeem it. ☐ Yes Description of Second Mortgage on main residence Retain the property and enter into a property located at 528 Lincoln St, Roselle, IL Reaffirmation Agreement. securing debt: 60172 Retain the property and [explain]: settle the lien i No Creditor's Surrender the property. **PNC Bank** name: ☐ Yes Retain the property and redeem it. Description of 2013 Chrysler Town & Country Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: M No Creditor's Surrender the property. Citizens One name: Retain the property and redeem it. ☐ Yes Description of 2013 Dodge Journey Retain the property and enter into a property Reaffirmation Agreement. securing debt; Retain the property and [explain]:

Case 16-31275 Doc 1 Filed 09/30/16 Entered 09/30/16 14:57:56 Desc Main Document Page 54 of 56

Robert **O'Brien** Oahter 1 Case number (# known) Pairt 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 186G), fill in the information below. Do not list real estate leases. Unexpired losses are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Osscribe your unexpired personal property leases Lessor's name: Q No ☐ Yes Description of leased brüßenh. Lessor's name: D No Yes Description of leased property: 🔲 Na Lessor's name: ☐ Yes Description of leased property: □ No Lessor's name: ☐ Yes Description of leased property: Lessor's name: ☐ No ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □ No Lessor's name: ☐ Yes Description of leased property: Sign Below Part 3: Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

B 203 (12/94)

United States Bankruntey Court

| | NORTHERN DISTRIC | | |
|-------|---|---|----------------------------------|
| IN RE | : Robert P. O'Brien and Catherine M. O'Brien | Bankruptcy Case No Debtor Chapter 7 | |
| | DISCLOSURE OF COMPENSATION | OF ATTORNEY FOR DE | BTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bar for the abovenamed debtor(s) and that comp the filing of the petition in bankruptcy, or ag or to be rendered on behalf of the debtor(s) is bankruptcy case is as follows: | ensation paid to me within greed to be paid to me, for se | one year before ervices rendered |
| | For legal services, I have agreed to accept > | >>\$_ | 1,500.00 |
| | Prior to the filing of this statement I have re- | ceived\$_ | 1,000.00 |
| | Balance Due | \$_ | 500.00 |
| 2. | The source of the compensation paid to me | was: | |
| | X Debtor Other (specify) | | |
| 3. | The source of compensation to be paid to me X Debtor Other (specify) | e is: | |
| 4. | X_I have not agreed to share the above-diunless they are members and associates of n | | any other person |
| | I have agreed to share the above-discles persons who are not members or associates agreement, together with a list of the names attached. | of my law firm. A copy of t | the |

- 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR (Continued)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

N/A

| | CERTIFICATION | |
|---------------------------------|--|------------------|
| I certify that the foregoing is | a complete statement of any agreement or arrangement for par | vment |
| | ne debtor(s) in this bankruptcy proceedings. | <i>y</i> 1110111 |
| 8/14/2016 | | |
| Date | Signature of Attorney | |
| DUENEZ LAW, LLC | | |
| Name of law firm | | |